



**KENTUCKY BOARD OF SPEECH-LANGUAGE
PATHOLOGY AND AUDIOLOGY**

PO BOX 1360
FRANKFORT, KY 40602
<http://www.slp.ky.gov>
(502) 564-3296

FOR OFFICE USE ONLY:

Date: _____
[] Approved [] Denied
[] Deferred
Comments: _____
Member Initial _____

RENEWAL APPLICATION

(Please Check Appropriate Box)

[] Speech-Language Pathology
[] Audiology

KRS 334A.170 requires each licensed Speech-Language Pathologist and Audiologist to biennially renew his or her license on or before January 31st. Your current license will expire **January 31, 2015**. Failure to renew your license shall constitute sufficient cause for termination of licensure. **Licenses not renewed by March 2, 2015 (includes 30 day grace period) will terminate and you are hereby advised at such time you must CEASE AND DESIST the practice of speech-language pathology and/or audiology in Kentucky.**

PLEASE FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- Complete this form by filling in the information requested below. Incomplete forms **will be** returned.
- Attach the appropriate renewal fee: Forms received without the appropriate fee **will be** returned. ***Make check or money order payable to the Kentucky State Treasurer. DO NOT SEND CASH.***
Renewals postmarked on or before Jan. 31: Active -\$100.00; Inactive - \$20.00; Dual - \$200.00
Renewals postmarked Feb. 1 - March 2: Active -\$150.00; Inactive - \$20.00; Dual - \$300.00
- Return this form with your check to the address listed above on or before January 31, 2014. **Any form, which is returned due to incomplete or incorrect information, will be subject to late penalties if not returned by the deadlines stated above.**
- Complete page 2 of this renewal application for Continuing Education credit. Please follow instructions on page 2 of this application when completing Continuing Education section.

TO BE COMPLETED BY ALL LICENSEES, Incomplete forms will be returned: (Please Print)

[] Check here if name or address has changed. No changes will be made unless marked.

Name: _____ Social Security # _____ License #: SLP _____ AUD _____

Home Address:

Street or Box number _____ City _____ State _____ Zip Code _____ County _____

Present Business Address:

Name of Company _____ Street or Box number _____ City _____ State _____ Zip Code _____

Home Phone: _____ Business Phone: _____ E-Mail: _____

Have you been charged with, convicted of or pled guilty to a felony since your last renewal of Kentucky license?

[] Yes (Attach documentation)
[] No

Have you had disciplinary action taken against you or pending against your speech-language pathology or audiology license in any other state or jurisdiction since your last renewal?

[] Yes (Attach documentation including a certified copy of the final disciplinary action taken against you.)
[] No

CONTINUING EDUCATION

- List below hours of Continuing Education obtained, including DATE and HOURS EARNED. **Incomplete forms will be returned and will be subject to late penalties if not returned by stated deadlines.**
- Each Speech-Language Pathologist and Audiologist must list thirty (30) hours of Continuing Education obtained during the biennial renewal period. Two (2) of these hours must be in the area of Ethics. Please indicate the two hours of Ethics.
- Dual licensees must list fifty (50) hours of Continuing Education. Two (2) of these hours must be in the area of Ethics.
- All Continuing Education hours shall be earned in or related to the field in which you are licensed. No more than four (4) hours may be in “related” areas each renewal cycle. Online coursework shall not exceed ten (10) hours per day.
- Each Speech-Language Pathologist and Audiologist is responsible for securing documentation to support proof of attendance. **Do not attach documentation of Continuing Education hours.**
- All Continuing Education must be earned by January 31, 2015.** Per Kentucky Licensure Law, “grace period,” as described in 201 KAR 17:030 relates to payment of licensure fees only and does not apply to Continuing Education. “Carry over” of hours is not permitted as renewals are on a biennial schedule (i.e. licensees have two years to earn all Continuing Education hours).

Course Name (Required)	Date(s) M/D/Y (Required)	Hours Earned (Required)

Total CE hours earned = _____

Please mark the appropriate box:

- ☐ Remaining on active status. (**\$100 Fee required. Continuing education must be listed above.**)
- ☐ Requesting to return to active status from inactive status. (**\$100 Fee required. Continuing Education must be listed above.**)
- ☐ First renewal period licensee. (**\$100 Fee required. No Continuing Education required. Date of initial license: _____**)
- ☐ Currently on an inactive status. (**\$20 Fee required. No Continuing Education required. Date inactive status was initially granted: _____.** ****NOTE: Inactive status may be held for no more than 6 years.**)
- ☐ Requesting inactive status. (**\$20 Fee required. No Continuing Education hours required.**)
- ☐ Requesting termination. (**No fee required. No Continuing Education required.**)

I hereby certify that all information provided by me on this form is true and complete to the best of my knowledge.

(Signature is required. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.)

Signature: _____

Date: _____